

**The City of West Lafayette
Farmers Market Assistant
Application Form**

(PLEASE PRINT)

Date of Application_____

Name: _____
Last First Middle

Address: _____
Street City State, Zip

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ email: _____

Have you filed an application with the City before? ____Yes ____No

If yes, give date(s) _____

Other Information: _____

Thank you for your interest in working for the City of West Lafayette

Please email completed form to wlaf.farmersmarket@gmail.com

The City of West Lafayette is an Equal Opportunity/Affirmative Action Employer.